

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

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**Commissioner for Patents**  
**P.O. Box 1450**  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as shown below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

06/08/2004

Lisa A Haile Ph D  
 Gray Cary Ware & Freidenrich LLP  
 4365 Executive Drive Suite 1600  
 San Diego, CA 92121

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

|                      |                    |
|----------------------|--------------------|
| Aldon Griffis        | (Depositor's name) |
| <i>Aldon Griffis</i> | (Signature)        |
| September 2, 2004    | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/695,795      | 10/23/2000  | Jeffrey D. Rothstein | JHU1650-2           | 3376             |

TITLE OF INVENTION: GLUTAMATE TRANSPORTER ASSOCIATED PROTEINS AND METHODS OF USE THEREOF

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$665     | \$0             | \$665            | 09/08/2004 |

| EXAMINER         | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| WEGERT, SANDRA L | 1647     | 435-069100     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

GRAY CARY WARE &  
 FREIDENRICH, LLP

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Johns Hopkins University  
 School of Medicine

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Baltimore, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies Ten (10)

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed. \$695.00☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1355 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *Lisa A. Haile* (Date) September 2, 2004  
 Lisa A. Haile, Reg. 38,347

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

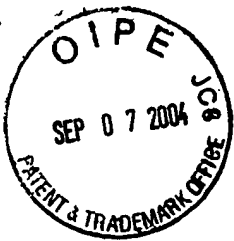
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09/08/2004 WASFAW2 00000021 09695795

01 FC:2501  
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665.00 OP  
 30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



PATENT  
Attorney Docket No.: JHU1650-2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Rothstein et al. Art Unit: 1647  
Application No.: 09/695,795 Examiner: S.L. Wegert  
Filed: October 23, 2000 Conf. No.: 3376  
Title: GLUTAMATE TRANSPORTER ASSOCIATED PROTEINS AND  
METHODS OF USE THEREOF

**Mail Stop ISSUE FEE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF ALLOWANCE**

Sir:

In response to the Notice of Allowance mailed June 8, 2004, enclosed are the completed Issue Fee Transmittal Form PTOL-85B and Check No. 561503 in the amount of \$695.00 for the required Issue Fees and a request for Ten (10) advance patent copies.

The Commissioner is hereby authorized to charge any other fees associated with the filing submitted herewith, or credit any overpayments, to Deposit Account No. 50-1355.

Respectfully submitted,

Date: September 2, 2004

Lisa A. Haile, J.D., Ph.D.  
Registration No.: 38,347  
Telephone: (858) 677-1456  
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**USPTO CUSTOMER NUMBER 28213**  
**GRAY CARY WARE & FREIDENRICH LLP**  
4365 Executive Drive, Suite 1100  
San Diego, California 92121-2133

**CERTIFICATION UNDER 37 CFR §1.8**

I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, **September 2, 2004**, in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Aldon Griffis

(Name of Person Mailing Paper)

(Signature)

**September 2, 2004**

(Date)